

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

34242

1. PLACE OF DEATH
 County St. Francois Registration District No. 773
 Township St. Francois Primary Registration District No. 6018A
 Near Farmington, Mo. (No. _____ St. _____ Ward _____)

2. FULL NAME Myrtle Cook Douthat

(a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Bob Douthat
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-9-90
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
43 3 9

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____
 OCCUPATION

12. BIRTHPLACE (CITY OR TOWN) Summersville, Mo.
 (STATE OR COUNTRY)

13. NAME Jefferson Davis Cook

14. BIRTHPLACE (CITY OR TOWN) Carlo, Ill.
 (STATE OR COUNTRY)

15. MAIDEN NAME Glenn Butler

16. BIRTHPLACE (CITY OR TOWN) De Soto, Mo.
 (STATE OR COUNTRY)

17. INFORMANT Hospital Records
 (ADDRESS) Farmington, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Summersville, Mo. DATE 10-21 1933

19. UNDERTAKER Robt. Douthat
 (ADDRESS) Summersville, Mo.

20. FILED Oct 21 1933 T. J. Robinson
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 18, 1933

22. I HEREBY CERTIFY, That I attended deceased from September 21, 1933 to October 18, 1933

I last saw him alive on October 18, 1933. Death is said to have occurred on the date stated above, at 3:15 P. M.

The principal cause of death and related causes of importance were as follows:

Purpura septemica and pyemia Date of onset Sept 3, 1933
Pulmonary embolism Oct. 18, 1933

Other contributory causes of importance Mania Depressiva Psychia (Mania) Sept 3, 1933

Name of operation None Date of _____

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) E. C. Aubert M. D.

(Address) Farmington, Mo.

